

# STATE CORPORATION COMMISSION

Bureau of Insurance  
ATTN: Financial Regulation Division  
P.O. Box 1157  
Richmond, VA 23218  
(804) 371-9631

## REINSURANCE INTERMEDIARY LICENSE RENEWAL APPLICATION Renewal Fee - \$500.00

REINSURANCE INTERMEDIARY

ADDRESS

CITY, STATE ZIP CODE

FEIN # : \_\_\_\_\_ PHONE: \_\_\_\_\_

(CIRCLE ONE) RESIDENT/NONRESIDENT

(CIRCLE ONE) BROKER/MANAGER

CONTACT PERSON (PLEASE PRINT):

TITLE:

In order to renew a Reinsurance Intermediary license effective July 1, 2008 as required by §38.2-1847 of the Code of Virginia, licensee must submit a bank or teller's check, a certified check, or a money order in the amount of **\$500.00**, payable to the **STATE CORPORATION COMMISSION**. The check should be submitted, along with this form and any required documentation to the Bureau of Insurance at the above address by no later than April 1, 2008.

**FAILURE TO RENEW THE LICENSE WILL RESULT IN TERMINATION OF THE REINSURANCE INTERMEDIARY LICENSE IN VIRGINIA. A COPY OF YOUR CURRENT AUDITED FINANCIAL STATEMENTS MUST BE RETURNED WITH THIS FORM.**

**CERTIFICATION ON THE REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED AND NOTARIZED IN ORDER FOR THIS RENEWAL APPLICATION TO BE PROCESSED.**

## CERTIFICATION

The undersigned, on behalf of the above-referenced licensed Reinsurance Intermediary, hereby requests renewal of such license effective July 1, 2008 Under penalty of perjury, the undersigned hereby certifies:

- 1) That the Reinsurance Intermediary is in full compliance with Article 5 of Chapter 18 of the Code of Virginia.
- 2) That all contracts with insurers are in writing and comply with the requirements of §38.2-1848 of the Code of Virginia (for Brokers) or §38.2-1851 of the Code of Virginia (for Managers).
- 3) (CHECK ONLY 1)  
☐ The information filed with the Bureau of Insurance as part of the original license application remains valid and correct.  
  
☐ The information filed with the Bureau of Insurance as part of the original license application is no longer in effect, and a copy of the current information is attached to this Renewal Application.
- 4) (CHECK ONLY 1) **For Managers Only**  
☐ That the Errors and Omissions Policy filed with the Bureau of Insurance as part of the original license application remains valid and in full force and effect.  
  
☐ That the Errors and Omissions Policy filed with the Bureau of Insurance as part of the original license application is no longer in effect, and a copy of the current policy is attached to this Renewal Application.
- 5) (CHECK ONLY 1) **For Managers Only**  
☐ That the Fidelity Bond filed with the Bureau of Insurance as part of the original license application remains valid and in full force and effect.  
  
☐ That the Fidelity Bond filed with the Bureau of Insurance as part of the original license application is no longer in effect, and a copy of the current Fidelity Bond is attached to this Renewal Application.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OR CITY OF \_\_\_\_\_

This day the above individual appeared before me, the undersigned Notary Public in and for the jurisdiction stated above, acknowledged the above signature as his or her own, and made oath that the matters and things stated in the foregoing are true to the best of his or her information, knowledge, and belief.

GIVEN UNDER MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

MY COMMISSION EXPIRES THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

(seal)